

AMUSEMENT ATTRACTION INSPECTION REQUEST FORM

AMUSEMENT RIDE SAFETY INSPECTION 1100 N EUTAW ST, ROOM 605 BALTIMORE, MD 21201 AR.Request@maryland.gov

<i>30 DAY NOTICE REQUIRED</i>

Does the filing of this inspection request form provide the Commissioner with at least 30 days of advance notice of the need for INSPECTION as required by law? YES NO If no, you must provide a written									
Forward Completed Form and Required Documentation To Below Address IN ACCORDANCE WITH BUSINESS REGULATION ARTICLE, TITLE 3 AND COMAR 09.12.62, EACH									
	IS RESPO	ONSIBLE 1	FOR SU	BMITTING			OMAR 09.12.62, <i>EACH</i> O AMUSEMENT RIDE		
Owner Identification									
Name of Amusement Ric	le Company:								
Owner / Representative l	Name:								
Street Address:					Cit	City:			
State:	Zip Code:		Email:	Email:					
Phone:		Cell:	'ell: Fax:						
Signature of Owner/Auth	orized Repres	sentative:							
In making this request for inspection I affirm that all of the amusement attractions are covered by general liability insurance in accordance with Business Regulation Article Title 3 and that a certificate of insurance detailing the coverage was submitted to the Commissioner as required by COMAR 09.12.62 Inspection Requested for: Date: Time:									
Location Informat	<u>on</u>								
Site Name:				Contact Person On Site:					
Site Address:				Contact Phone:					
County:	City:			Zip Code:			# of Rides:		
Arrival Date:	Departur	e Date:					1		

The information requested below is for scheduling purposes and must be completed. Inspections are prioritized based upon the required 30 day advance notice for the rides you identify. If after the Inspection Request is submitted there are changes in playing dates, location, or if the rides will not be ready for inspection call 410-767-2348. The Amusement Ride supervisor will respond to your call. You may also email the Inspection Request Form to:

AR.Request@maryland.gov, or fax to 410-333-7683.

If this is an inflatable ride, is it 4 feet or over?

Maryland Registration Number	Ride Name		
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌
		Yes 🗌	No 🗌

Special Amusement Structures require an additional inspection by the Local Fire Marshall, contact the Local Fire Marshall directly If any of the above listed rides are defined as a Special Amusement Structure.

Department of Labor Safety Inspection Unit 1100 North Eutaw Street, Room 601 Baltimore, MD 21201

Telephone Number: (410) 767-2348 • Fax Number: (410) 333-7683

E-mail: <u>AR.Request@maryland.gov</u>